

**Statement of  
The Honorable Craig Thomas  
U.S. Senator from Wyoming**

**Hearing on  
VA Capital Asset Realignment for Enhanced Services Initiative  
September 22, 2003  
Denver, Colorado**

Mr. Chairman and members of the CARES Commission:

I thank you for this opportunity to comment on the CARES process, and more specifically, the draft report recommendations for VISN 19, the Rocky Mountain Network. There is little doubt that the VA Health Care system is in need of reform, and I commend the Commission in its efforts to streamline the system and make it more effective to better serve the needs of our veterans. The current recommendations for VISN 19 and the Cheyenne VAMC, however, are questionable for a number of reasons and should be revisited.

Current recommendations in the draft CARES reports suggest downsizing the Cheyenne VAMC to a Critical Access Hospital, and that inpatient surgical services provided by the Cheyenne VAMC be cut and either transferred to the Denver VAMC or contracted to private facilities. In making these recommendations, the VA Undersecretary for Health has failed to take into account several factors of significance.

The Cheyenne VAMC plays an integral role in a medically underserved and generally rural area. The facility services not only veterans from the State of Wyoming, but also northern Colorado and western Nebraska – a geographic area of over 143,000 square miles. The volume of inpatient medical and surgery case handled by Cheyenne is growing and is sufficient to necessitate the continuation of these services. In fact, if enhanced access to health care is indeed a priority, services provided in Cheyenne should be increased rather than cut.

The staff in Cheyenne continues to do an outstanding job to accommodate the growing work load, including developing and maintaining partnerships with local hospitals and clinics to more effectively serve the veteran community of this tri-state area. These partnerships allow the valuable access to the necessary technology and services required for a top notch surgical program. Additionally, through its surgical program the Cheyenne VAMC is a training site for the Cheyenne University of Wyoming family practice program, which trains doctors for this medically underserved area.

Elimination of inpatient surgery would lead to many problems down the road. The absence of complex surgery at Cheyenne will result in the loss of surgeons and impede the ability to recruit qualified surgeons who would handle only outpatient surgery. The removal of inpatient surgery would result in a loss of specialized nurses in the surgery and intensive care unit, and eventually diminish the high competency level of those caring for only “low risk” patients. The elimination of complex gynecological services results in the loss of care for female veterans. With the

transfer of these vital services, many other minor, but no less important, services fall by the wayside. If a goal is enhanced access to quality health care for veterans, the current recommendations of a transfer of services fall short.

One must consider the impact of the recommendations on the aging and ailing veteran population. Veterans from underserved areas already traveling great distances to the Cheyenne VAMC will be forced to travel even further to Denver. Increased driving distances coupled with harsh weather conditions through the better part of the calendar year, and incurred family expenses associated with travel and extended stays place unfair and unnecessary burdens on the veteran population. When patients are transferred from Cheyenne, cost effectiveness for the VA system suffers as a result of the expenses associated with moving patients over one hundred miles to the facility in Denver.

The Denver VAMC is over loaded and unable to accept the influx of patients presently served in Cheyenne. If the current recommendations are accepted, the results for veterans would inevitably include longer waits for care in a back-logged system and a subsequent decline in prompt, quality care they deserve. I say to you once again, that if better access to health care for our veterans is a goal of the CARES process the current recommendations fall short.

Mr. Chairman and members of the Commission, the goals laid out in the CARES process are admirable, and I sincerely appreciate your efforts to attain them. There is no doubt that hard and sometimes painful choices need to be made. However, the draft plan as recommended is indeed flawed in its approach to the Cheyenne VAMC. I would encourage you to revisit the issue and give more attention to the original VISN 19 market plan. I believe that to do otherwise would be a disservice not only to our nation's veterans, but to the American taxpayer as well.